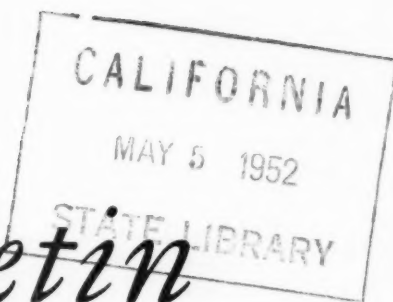


April, 1952
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Bulletin *on Current* *Literature*

The monthly bibliography for
workers with the handicapped

This bibliography is compiled by the Library of the National Society for Crippled Children and Adults. The Library does not stock copies of publications for sale. The publisher and price is listed, when known, and orders should be sent directly to the publisher. These publications have been added to the loan collection of the Library, a service which is extended to organizations and individuals whose local resources are so limited as to make information otherwise unavailable.

The NATIONAL SOCIETY
for CRIPPLED CHILDREN *and Adults, Inc.*
11 SO. LA SALLE ST., CHICAGO 3, ILL.
THE EASTER SEAL AGENCY



HELP CRIPPLED CHILDREN

THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, the Easter Seal agency, a nationwide federation of more than 2,000 state and local member societies, provides a variety of needed services in the fields of health, welfare, education, recreation, employment and rehabilitation. Its three-point program is:

EDUCATION of the public, professional workers and parents.

RESEARCH to provide increased knowledge of the causes and prevention of handicapping conditions, and in methods of improved care, education and treatment of the handicapped.

DIRECT SERVICES to the handicapped, including case finding, diagnostic clinics, medical care, physical, occupational, and speech and hearing therapy, treatment and training centers and clinics, special schools and classes, teaching of the home-bound, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances and equipment.

1952

The following information is reported for interested subscribers:

Change of title with vol. 31, no. 1: American Journal of Physical Medicine
(Former title: Occupational Therapy & Rehabilitation)

New Periodicals:

Bulletin of the National Association for Music Therapy. Vol. 1, no. 1, Jan., 1952. \$1.00 a year; 40¢ a copy. Editor, Esther Goetz Gilliland, 64 E. Van Buren St., Chicago 5, Ill. (Successor to Hospital Music Newsletter.)

International Journal for the Education of the Blind, 999 Pelham Parkway, New York 67, N. Y. Vol. 1, no. 1, June, 1951. Quarterly. \$2.00 a year (\$2.15, foreign).

Medical Social Work. Vol. 1, no. 1, Sept., 1951. Published by the American Association of Medical Social Workers, 1834 K St., N.W., Washington 6, D.C. \$1.00 a copy. Published irregularly, a second number being scheduled to appear in 1952.

ACCIDENTS---PREVENTION

252. American Academy of Pediatrics

Round table discussion: Prevention of accidents in childhood. Pediatrics. Feb., 1952. 9:2 (pt. 1):237-242.

Report of a discussion meeting at the Annual Meeting of the Academy, Toronto, Oct. 22, 1951, during the first part of which the accident problem with children was outlined; in the second part, prevention of accidents and the part the pediatrician can take in helping to prevent accidents were discussed.

AMPUTATION

253. Danzig, Aaron L.

Handbook for one-handers. New York, Federation of the Handicapped, n.d. 22 p. illus.

"...This manual has been written especially for the individual who, temporarily or permanently, is compelled to meet his daily needs with the use of one hand. It not only illustrates by word and picture the 'tricks' of one-handed living, but it imparts something of the philosophy and psychology of such individuals...." Instructions are given for dressing, undressing, personal self-care, eating meals, sports, driving, writing, typing, using the telephone, social situations.

Available from the Federation of the Handicapped, Inc., 241 West 23rd St., New York 11, N. Y., at 50¢ a copy.

See also 344.

AMPUTATION---EQUIPMENT

254. Great Britain. Ministry of Pensions

Fourth and fifth reports of the Standing Advisory Committee on Artificial Limbs. London, His Majesty's Stationery Off., 1951. 16 p.

The report contains a summary of the activities of the Advisory Committee on Artificial Limbs, a review of the work of the research department on all types of prostheses, materials used, crutches, walking training, and knowledge gained through liaison with other countries.

Available from British Information Services, Rockefeller Plaza, New York 20, N. Y., at 25¢ a copy.

AMPUTATION—MEDICAL TREATMENT

255. Kessler, Henry H.

Rehabilitation of the amputee. J. Am. Med. Assn. Feb. 9, 1952. 148: 6:436-438.

A complete type of service for the amputee is outlined, describing the part each specialist plays in the rehabilitation program. Four basic surgical procedures for leg amputation are reviewed briefly as are special techniques for arm amputation and a systematic program of after-care and training. Three case histories are cited to illustrate how the basic rehabilitation program is adapted to meet the needs of the severely disabled.

BLIND—EMPLOYMENT

See 340.

BLIND—ETIOLOGY

256. Foster, John

Common causes of curable blindness. Brit. Med. J. Feb. 9, 1952. 4753:318-320.

An article limited to a consideration of the commonest treatable causes of blindness in Great Britain—namely: trauma, iritis, acquired glaucoma, cataract, and myopia.

BLIND—RECREATION

257. MacLean, Ronald L.

Physical education for boys at the Illinois School for the Blind. Int. J. Education of the Blind. Feb., 1952. 1:3:51-55.

Four general activities of the Physical Education Department at the Illinois School for the Blind are described—swimming class work, gymnasium class work, interscholastic athletics, and intermural activities. The Decathlon and Annual Gymnasium Demonstration are special events, described more at length. Basketball, swimming, track, football kick-goal, blind basketball for the totally blind, a basketshooting league for both partially blind and totally blind, golf and softball programs as adapted to the handicap are briefly discussed.

BLIND—SPECIAL EDUCATION

258. Adair, Mattie.

Working with the slow-learning blind child. Int. J. Education of the Blind. Oct., 1951. 1:2:37-39.

Where the public school curriculum for the mentally retarded is based on preparation for future employment, the blind-mentally retarded, being doubly handicapped, will be less able to earn a living than the sighted mentally retarded. Thus, the emphasis in the curriculum for the blind retarded is more on preparation for daily living with others. Problems of adapting the work to very mixed groups, of a limited amount of reading matter suitable for the reading level of the retarded, of inability to write very little in Braille or large print are discussed, and a suggested outline of units for one year's use, together with aims to be accomplished, is given.

See also 304.

BLIND—SPEECH CORRECTION

259. Brieland, Donald

Speech education for the visually handicapped child. Int. J. Education of the Blind. June, 1951. 1:1:9-12.

BLIND--SPEECH CORRECTION (Continued)

"...The purpose of this discussion is to consider some of the important questions to be taken into account in planning speech programs for the visually handicapped. It expresses the viewpoint of a research psychologist who has also had experience in teaching public speaking and in working with speech defectives...." This article is based on the author's study, "A Comparative Study of the Speech of Blind and Sighted Children," which appeared in Speech Monographs, 17, March 1950, pp. 99-103.

BLIND--STATISTICS

260. Furst, Ralph H.

Causes of blindness among recipients of blind assistance. Public Welfare in Indiana. Jan., 1952. 62:1:3-14.

"...This study of the causes of blindness among recipients of Blind Assistance is in the form of a follow-up on two previous studies of a similar nature....The first study was made in Indiana in 1938....A study on a nationwide basis was made by the Social Security Board in 1940 and 1941....The Blind Assistance caseload for December, 1940 was used in the Federal study and the December, 1950 caseload was used in the current study, thus presenting the picture exactly ten years later. In each instance only active cases were included...." Information was obtained from eye reports of examining physicians and data include the causes of blindness, type and site of affection, age at which blindness occurred, degree of blindness, age, sex, race, and counties in which recipients reside.

BONES

261. Blount, Walter P.

Control of bone length, by Walter P. Blount and Frank Zeier. J. Am. Med. Assn. Feb. 9, 1952. 148:6:451-457.

After reviewing various procedures of bone stimulation and retardation used to equalize linear and angular deformities, the authors discuss the ideal material, size, and design for staples, technic of insertion and removal. They conclude that "stapling will be of practical importance until a better method of growth retardation is found. Epiphysiodesis is still a useful operation when growth arrest promises only incomplete correction. Bone shortening operations can never be abandoned. Lengthening is occasionally indicated. Growth stimulation is again on trial...."

BRACES

262. Gazeley, William E.

A new type of brace for the rehabilitation of the weakened shoulder, by William E. Gazeley and Wyllys A. Dunham. J. Bone and Joint Surgery. Jan., 1952. 34-A:1:228-231.

A new type of brace, employing the principles of the overhead sling used in treating weakened shoulder, is described and illustrated here. With a type of universal joint in the axilla, abduction and adduction are possible but extension is limited to eliminate the possibility of anterior subluxation. Advantages of the brace are that it may be worn for much longer periods of time and can be used in a greater number of routine activities, being particularly useful for the ambulatory patient.

CAMPING--WISCONSIN

263. Roe, F. Hall

Country club for the handicapped. Today's Health. March, 1952. 30:2:22-23, 72.

An account of a summer camp in the woods of Wisconsin, operated by a group of handicapped persons who paid off the mortgage in three years.

CEREBRAL PALSY

264. Miller, William J.

Cerebral palsy, a review: 1952. Crippled Child. Feb., 1952. 29: 5:18-19.

"...A recapitulation of known facts and figures..." presented to help in the understanding of the problem of cerebral palsy. Dr. Miller, in this article adapted from a speech given at the annual meeting of the Oregon Society for Crippled Children and Adults, briefly outlines such factors as incidence, types of cerebral palsy, etiology, percentage of cases caused during the pre-natal, natal and post-natal periods, treatment and research.

CEREBRAL PALSY—GREAT BRITAIN

265. Holoran, Irene M.

The incidence and prognosis of cerebral palsy: an interim report. Brit. Med. J. Jan. 26, 1952. 4751:214-217. Reprint.

An analysis of the program for cerebral palsied children in Leeds County Borough (England). Discussed are incidence, the value of a pre-school clinic, type of school suitable, employability, and the uneducable child. In regard to intelligence, the author reports: "...The difference...between the cerebral-palsied group and a normal group is striking and disagrees markedly with the American estimate (Phelps, 1938) that 70% of children suffering from cerebral palsy have intelligence spread over the same distribution as the general public and that many of these children have a high-grade intelligence when their disability will allow them to use it.... Those of normal and super-normal intelligence as a whole form only 24.8% as against 75% in the normal population. Conversely, 33.3% have intelligence quotients under 70, whilst only 3% of the ordinary population came into this category." The author concludes that 1) the condition of half the children has required that part or all of their school life be spent in a special school for the physically handicapped, and 2) occupation centres do valuable work in rendering the uneducable children more socially acceptable.

CEREBRAL PALSY—DIAGNOSIS

266. Yannet, Herman

Hypotonic cerebral palsy in mental defectives, by Herman Yannet and Frank Horton. Pediatrics. Feb., 1952. 9:2 (pt.1):204-211.

"...It is the purpose of this paper to present a summary of findings in 31 children that compose a hypotonic cerebral palsy group....The relative importance of the hypotonic type of cerebral palsy among the mentally defective is stressed. This type of cerebral palsy manifests itself in either of three clinical pictures with some overlapping, namely, atonic, ataxic, and athetoid. The etiology is variable in each of these groups and may be effective in either the prenatal, paranatal or post-natal periods. The severity of the mental defects, the high incidence of convulsive disorders, and the tendency toward microcephaly point towards the widespread nature of the pathologic process regardless of etiology. The syndrome of atonic diplegia, as herein described, is probably invariably associated with the more severe degrees of mental deficiency."—Summary. Children who were subjects for the study were among those admitted to the Southbury Training School, Southbury, Connecticut.

CEREBRAL PALSY—EQUIPMENT

267. Shere, Marie Orr

All us kids got sandbags. Crippled Child. Feb., 1952. 29:5:20-21.

CEREBRAL PALSY—EQUIPMENT (Continued)

Used to stabilize extraneous movements of the body during speech therapy lessons, these sandbags illustrated and described are "dressed up" to stimulate the child's interest and direct his attention away from his efforts to speak. By providing the relaxation necessary for successful speech, these sandbags have proved to be profitable and useful at the same time. They stimulate the child's imagination and provide enriching experiences.

CEREBRAL PALSY—MEDICAL TREATMENT

268. Laurence, D. R.

The effect of mephenesin in spastic paralysis. Lancet. Jan. 26, 1952. 262:6700:178-180.

"...It is still not clear what place mephenesin has in the treatment of spastic paralysis; therefore the present investigation was undertaken. ..." For the study 27 patients with spastic paralysis resulting from such causes as disseminated sclerosis, cerebrovascular accident, motor neurone disease, traumatic hemiplegia, spinal-cord compression, cerebral tumor, syphilitic paraplegia, syringomyelia, familial spastic paralysis, and spastic cases of doubtful origin were treated. Treatment is described and the following conclusions drawn: 1) "intravenous mephenesin produced good muscular relaxation of short duration in each of 10 cases of spastic paralysis without diminishing voluntary power," and 2) "oral mephenesin given to the limit of tolerance was of benefit to 2 out of 27 patients, although it alters neurological signs in many cases without improving the patient's performance...." Action and toxic effects of the drug were discussed.

CEREBRAL PALSY—OCCUPATIONAL THERAPY

269. Unger, Dorothy

Prepare your child for speech by training speech muscles through feeding. Crippled Child. Feb., 1952. 29:5:6-7, 28.

Suggestions for mothers of cerebral palsied children to follow in teaching their children the movements of sucking, chewing and swallowing necessary not only for eating but for the development of speech. By initiating training early, greater tongue activity is encouraged which later, as speech develops, aids in producing it with less effort. What foods to offer and how to teach the child to eat them are also considered.

CEREBRAL PALSY—PARENT EDUCATION

270. Russ, M. Yvonne

Face your problem squarely if your child has cerebral palsy. Crippled Child. Feb., 1952. 29:5:12-13, 29.

An article adapted from a talk given at the 1951 Annual Convention of the National Society for Crippled Children and Adults. Mrs. Russ, the mother of a 21-year-old cerebral palsied son, brings good advice gleaned from her own experiences—how the problems of daily living are met by her son, what parents can do to encourage the child to become independent, develop interests, and lead as normal a life as possible.

CEREBRAL PALSY—PROGRAMS—TENNESSEE

271. McVickar, Olive B.

Parents pool resources to create preschool center. Crippled Child. Feb., 1952. 29:5:4-5, 29-30.

CEREBRAL PALSY—PROGRAMS—TENNESSEE (Continued)

How a group of parents in Nashville, Tennessee, spurred by the need of their cerebral palsied children, planned and developed the Cerebral Palsy Preschool in Nashville. For the children it has meant a chance to participate and adjust to group experiences; for the parents it has brought reassurance and lessening of anxiety, an opportunity for the exchange of ideas and suggestions for helping the individual child.

CEREBRAL PALSY—SPECIAL EDUCATION

272. Nebraska. Department of Public Instruction.

Special education: children with cerebral palsy. Lincoln, The Department, 1951. 185 p.

Prepared by a Special Education Workshop, 1950 summer session, University of Nebraska, Ray M. Taibl, Director; edited by George E. Rotter.

This handbook on special education for the cerebral palsied child contains chapters on general information on cerebral palsy, on mechanical aids for the rehabilitation of the cerebral palsied (equipment for use in the school or home), on reading readiness (approaches to reading, expanding the vocabulary, objectives, and appraising the child's development). Social studies work and the unit procedure are developed. Three supplements on speech, physical, and occupational therapy conclude the book.

Distributed by the Nebraska Department of Public Instruction, State Capitol, Lincoln.

CHILD WELFARE—ILLINOIS

273. Illinois. Governor's Committee for Illinois on the Midcentury White House Conference for Children and Youth.

Children and youth in Illinois, a report to the Honorable Adlai E. Stevenson, Governor of Illinois. Chicago, The Committee, (1952). 198 p.

A final report of the Fact-Finding Committee of the Governor's Committee for Illinois which shows how the needs of the children in Illinois are being met. Ways in which various institutions such as the home, school, church, and services for health, protection, vocational guidance, and recreation are meeting their problems are explained. Recommendations are made at the end of each report submitted by the sub-committee.

Services for handicapped children and youth, and recommendations for the improvement of services, are considered throughout the report.

Available from the Illinois Commission on Children and Youth, 123 W. Madison St., Chicago, Illinois.

CHILDREN (DEPENDENT)

274. Josselyn, Irene

Evaluating motives of foster parents. Child Welfare. Feb., 1952. 31:2:3-9, 13-14.

"...The writers issue a timely warning against a stereotyped use of easy generalizations about motives in selecting foster parents. What is important is to try to evaluate the applicants' capacity for remotivation and growth in fulfilling their role as parents." Several case histories are cited. Dr. Josselyn, by way of example, discusses the motivating factors that may have influenced Mrs. Anna Perrott Rose, author of Room for One More, as a foster mother.

275. Justice, Sarah C.

Why we took a handicapped child. Tennessee Public Welfare Record. Feb., 1952. 15:2:32-34.

Experiences of foster parents who took a cerebral palsied child to raise and how they handled the problems of teaching him to crawl, to stand, to accept discipline and responsibility.

CHILDREN'S INSTITUTIONS

See 318.

DEAF

276. Newby, Hayes A.

Principles of auditory training. Hearing News. Feb., 1952. 20:2: 6-11, 13-16.

In planning an auditory training program, two groups of children must be considered: 1) those with a loss of hearing not sufficiently great enough to require the use of a hearing aid, and 2) those who will sooner or later need individual hearing aids. Both groups must be taught lip reading and speech. Psychological aspects enter into the problem of preparing the child to accept the wearing of an aid. Subjects discussed are the selection of the proper aid for each child, instruction in use, which ear to fit with the aid, and what should be done for the child who does not need an aid. Short reviews of books dealing with lesson planning of auditory training are given.

DEAF--DIAGNOSIS

277. Dix, M.R.

Further observations upon the diagnosis of deafness in young children with particular reference to the making of recommendations for special educational treatment, by M. R. Dix and C. S. Hallpike. Brit. Med. J. Feb. 2, 1952. 4752:235-244.

In tests carried out during the past four years at the National Hospital, Queen Square, London, on 350 children tested for deafness, the peep-show equipment (described by the authors in a previous article in 1947) has been improved mechanically. Advantages of the equipment are summarized; technical and psychological difficulties arising during testing are discussed and effective means for overcoming such difficulties described. Educational recommendations were made in 260 of the 350 cases, based on pure-tone audiometric findings. Follow-up of 40 children investigated the validity of the findings and recommendations. Consideration was also given the relationship between pure-tone audiogram and the hearing capacity for the spoken voice. In the majority of deaf children, the authors feel justified in assuming that pure-tone audiometry provides a useful measure of hearing capacity for speech. A diagram of the equipment is included.

DEAF--BLIND--PROGRAMS--GREAT BRITAIN

278. Great Britain, Ministry of Health

Report on the special welfare needs of deaf-blind persons. London, His Majesty's Stationery Off., 1951. 10 p.

Qualifications and training of home teachers for the deaf-blind and housing and recreation needs of such persons are explained. Certain requisites for homes accomodating both deaf-blind and hearing persons are outlined; the teaching of simple occupations and handicrafts is especially recommended.

Available from British Information Services, 30 Rockefeller Plaza, New York 20, N. Y., at 15¢ a copy.

EDUCATION

279. National Education Association. Educational Policies Commission.

Education and national security. Washington, D.C., The Assn., 1951. 60 p.

By the Educational Policies Commission of the National Education Association of the U. S. and the American Association of School Administrators, and the Executive Committee of the American Council on Education.

EDUCATION (Continued)

"...The statement here presented by the Educational Policies Commission and the American Council on Education is an effort to describe the nature of our international obligations and to suggest the contributions that education can make to the national effort...." The role of the schools, from elementary through college, is discussed in the light of responsibilities and obligations which the United States must assume. Policies of recruiting and using military manpower change the lives of young people both in relation to education and to future careers; aspects of selective service are discussed and remedies suggested. "...in every school attention should be given to the education of the handicapped."

Available from the National Education Association, 1201 Sixteenth St., N. W., Washington 6, D. C., at 50¢ a copy.

EMPLOYMENT

280. Alabama. Vocational Rehabilitation Service

Job opportunities for the severely impaired. Montgomery, The Service, n.d. 16 p.

Hoping to aid severely impaired individuals in reaching a satisfactory vocational adjustment, this pamphlet lists job opportunities, the names and addresses of manufacturers or business establishments which can furnish material and information for products which people of limited physical capacity are capable of producing. Jobs in agriculture, clerical positions, handicrafts, for home employment, personal service, sales, and shop work are suggested. Vocational Rehabilitation offices within the state of Alabama are given.

Distributed by State Vocational Rehabilitation Service, Department of Education, Montgomery 4, Alabama.

EXERCISE

281. Watkins, Arthur L.

Practical applications of progressive resistance exercise. J. Am. Med. Assn. Feb. 9, 1952. 148:6:443-466.

"The purpose of progressive resistance exercise is to increase muscle strength rapidly and effectively. It is based on the sound physiological principle that the most adequate stimulus for strengthening muscles is a near maximum voluntary contraction. Details of technique are important, including the use of safe and efficient equipment. Some of the most valuable applications in everyday practice have been described in traumatic, neurolgical and medical conditions."--Summary and Conclusions.

FOOT

282. Crego, Clarence H., Jr.

An end-result study of various operative procedures for correcting flat feet in children, by Clarence H. Crego, Jr. and Lee T. Ford. J. Bone and Joint Surgery. Jan., 1952. 34-A:1:183-195.

"The results of 111 operative procedures of various types for flat-foot, which were performed on fifty-three children, eight to fifteen years of age, are reviewed...." Records of the Shriners' Hospital in St. Louis, Mo., were used for this study. The follow-up information given in this article was obtained from analysis of charts, by questionnaires, and by personal examination of cases available. Observations made were 1) no arthrodesing operation should be made for cosmetic purposes only, 2) these procedures should be reserved for the relief of pain and used only after conservative treatment has been tried and found lacking in effectiveness, 3) loss of inversion and eversion results, and 4) arthrodesing operations are most successful when the subtalar joint is included.

FOUNDATIONS

See 346, 347.

GIRL SCOUTS

283. Girl Scouts

Girl scouting for the handicapped. New York, Girl Scouts, (1951) (5 p.)

A leaflet of brief instructions and suggestions for administrators of hospitals, special schools and institutions, and Girl Scout councils to aid them in planning Scouting activities for handicapped girls.

Available from Girl Scouts of the U. S. A., 155 E. 44th St., New York 17, New York.

See also 348.

HANDICAPPED--PROGRAMS--VIRGINIA

284. Conference on Crippled Children

Proceedings of the Conference on Crippled Children, called at the request of the Nemours Foundation, and sponsored by the Virginia Council on Health and Medical Care. Richmond, Medical College of Virginia, 1951. 124 p.

In addition to reports from official and unofficial agencies participating in the Conference, Dr. A. R. Shands, Jr., Medical Director of the Nemours Foundation, spoke concerning the program of that organization in regard to crippled children in Virginia. Dr. Arthur J. Lesser, of the U. S. Children's Bureau, surveyed recent developments in State Crippled Children's Services; Dr. John J. Lee interpreted the responsibilities of a democracy in educating its crippled children; and Miss Marian Williamson, Director of the Kentucky Crippled Children Commission in Louisville, described the medical care program as carried out by the State of Kentucky and private agencies. Discussion group reports and recommendations of the Conference conclude the booklet. In the appendices may be found names of Conference registrants, organizations, agencies, and groups participating, a description of the Virginia Council on Health and Medical Care and a list of officers and committees.

Available from the Virginia Council on Health and Medical Care, 102 E. Franklin St., Richmond 19, Virginia.

HEART DISEASE

See 302, 303.

HEART DISEASE--EMPLOYMENT

285. New York Heart Association

The cardiac in industry; a symposium. Industrial Medicine and Surgery. Feb., 1952. 21:2:75-81.

Contents: Estimating the work capacity of the cardiac, by Leonard J. Goldwater. Responsibility of the medical social worker, by Elizabeth Maloney. The person with heart disease who wants a job, by Janet Pinner. What industry thinks of the person with heart disease, by Norman Plummer.

HEART DISEASE (Congenital)

286. Riker, William L.

Surgery of congenital heart disease. Pennsylvania Med. J. Feb., 1952. 55:2:117-119.

Diagnosis and recommended treatment of cyanotic and non-cyanotic congenital cardiovascular lesions is discussed; surgical procedures and mortality rates of patients treated at Children's Memorial Hospital, Chicago, given.

HEART DISEASE (Congenital)--NURSING CARE

287. Wallace, Mildred

Care of the child with tetralogy of Fallot. Am. J. Nursing. Feb., 1952. 52:2:195-198.

Preoperative and postoperative nursing care of children who undergo cardiac surgery is discussed; both the actual nursing techniques and psychological management of the patient are considered. Care is urged during convalescence and some supervision of the child's personal-social adjustment as

HEART DISEASE (Congenital)--NURSING CARE (Continued)

well as medical and educational needs may be necessary. The nurse's relationship to the parents can help to relieve anxiety during the child's hospitalization.

HEMIPLEGIA

288. Rudin, Louis N.

New horizons for the hemiplegic. Current Med. Digest. Feb., 1952. 19:2:21-25.

Methods are outlined for treating deformities which have developed in the hemiplegic patient, for treatment for the prevention of deformities, for training the hemiplegic to walk, for performing the activities necessary for daily living, for retraining in speech when aphasia is present, and for obtaining maximum use of the affected upper extremity.

289. Rudolph, Herman L.

Rehabilitation for hemiplegics in the home. Physical Therapy Rev. March, 1952. 32:3:113-120.

A simplified home treatment program for the hemiplegic patient is presented with an illustrative case. Through the use of simpler techniques and equipment which can be improvised by community resources, adequate care can be given the hemiplegic patient or person suffering other disabling conditions.

See also 268.

HOMEBOUND--OCCUPATIONAL THERAPY

290. Meeske, Regula

Occupational therapy in home care, by Regula Meeske and Ruth Jacoby. Am. J. Occupational Therapy. Jan.-Feb., 1952. 6:1:9-13, 32.

"...The present article, which has to do with the recently developed home care program of the municipal hospitals of New York, is primarily concerned with the problems faced by the occupational therapists at Bellevue Hospital in working with home-bound patients...."

HOMEBOUND--SPECIAL EDUCATION--KANSAS

291. Kansas. Division of Special Education.

The Kansas plan for home and hospital instruction for homebound and hospitalized children. Topeka, The Division, 1951. 6 p. (Special education series no. 4, 1951) Mimeo.

Outlining briefly the details of setting up a school program for those children homebound or hospitalized, this bulletin answers questions on the purpose of such a program, who is eligible for the service under state law, on teacher qualifications, reimbursement paid to the district, correspondence courses recommended when no teacher is available, materials and equipment needed, and the role of the parents in teaching the homebound child. A short list of helpful reading material for teachers and parents is given.

Distributed by the State Department of Education, Topeka, Kansas.

HOSPITAL SCHOOLS

292. Hughes, Aline

Bringing the three R's to young patients. Hospital Management. Feb., 1952. 73:2:51-52.

St. Luke's Hospital was one of the first in New York City to recognize the value of a teacher for children with long-term illness. This activity is a part of the program of the Board of Education of the City of New York; Mrs. Carroll, teacher of elementary grades, describes her work with the children, their attitudes, special problems, emotional needs met by school and handwork, and the value of continuing school work which helps

HOSPITAL SCHOOLS (Continued)

in their readjustment to everyday life when released from the hospital.

HOSPITAL SCHOOLS--IOWA

293. Schoenbohm, W. B.

Iowa builds a new hospital school for physically handicapped children. Exceptional Children. Feb., 1952. 18:5:133-136.

Iowa's new school for severely handicapped children, located on the campus of the University of Iowa, has as its basic aims a total program of care, education and treatment for educable children with severe physical limitations, to provide training for doctors, therapists, nurses, teachers and other workers in this field, and to provide thorough diagnostic study and evaluation for all handicapped children of Iowa, as well as help and guidance for their parents. In planning the building three types of facilities were included: 1) treatment and educational facilities for 80-100 children, 2) training facilities for university students, and 3) an outpatient guidance clinic. The author, as director of the State University of Iowa's Hospital School, discusses the program, its organization, some of the features of the new school, and the services, provided by the state, for crippled children.

INTERNATIONAL SOCIETY FOR WELFARE OF CRIPPIES--PROCEEDINGS--1951

294. Switzer, Mary E.

Toward a world goal. J. Rehabilitation. Jan.-Feb., 1952. 18:1:12-15, 24.

A review of some of the highlights of the Fifth World Congress of the International Society for the Welfare of Cripples is given. In all addresses the theme of total rehabilitation by the team approach was stressed.

See also 349

KNEES

295. Caldwell, Guy A.

Treatment of mild knock knees and pronated feet in childhood; results in 63 cases, by Guy A. Caldwell, Richard L. Shorkey and Thomas L. Duncan. New Orleans Med. and Surgical J. Feb., 1952. 104:8:304-308.

"Results of treatment by use of medial heel wedges and dietary and vitamin adjustment, when necessary, in 63 cases of infantile knock knees and bowlegs have been evaluated. Of those followed long enough for final evaluation satisfactory results both from a cosmetic and functional standpoint were obtained in 77.3 per cent...."--Summary. The authors believe sufficient evidence justifies conservatism in the treatment of physiologic variations in the alignment of the lower extremities of infants and young children.

MENTAL DEFECTIVES

See 350.

MENTAL DEFECTIVES--DIAGNOSIS

296. Gibson, Robert

Differential diagnosis of oligophrenia. Am. J. Diseases of Children. Feb., 1952. 83:2:151-153.

The author, in distinguishing mental deficiency from a variety of other conditions which may be confused with deficiency, lists intellectual defects of a less ominous nature, specific defects of a visual, auditory, or speech nature, and behavior defects in which aberrant conduct is apt to be confused with mental defect. Diagnosis is dependent not only on medical and psychological criteria but also on social standards. Psychoses, convulsive defects, delinquency, mutism, congenital motor aphasia, congenital word blindness, visual cerebral injury, deaf-mutism, blindness, educational

MENTAL DEFECTIVES--DIAGNOSIS (Continued)

defectiveness--all can present symptoms suggestive of oligophrenia, often making diagnosis difficult.

See also 266.

MENTAL DEFECTIVES--LEGISLATION

297. Delp, Harold A.

Recent state legislation affecting the mentally retarded. Training School Bul. Feb., 1952. 48:10:208-211.

State services for the mentally retarded cover a wide variety of programs; some are permissive, some mandatory, and often are without state financial aid. This article lists briefly recent legislation affecting the mentally retarded; general programs and new help for the retarded, by states, are given. In conclusion, the author discusses trends in state public education for the mentally retarded and their implications.

MENTAL DEFECTIVES--PROGRAMS

298. Sarason, Seymour B.

Aspects of a community program for the retarded child. Training School Bul. Feb., 1952. 48:10:201-207.

The aims of a community program, as outlined, are 1) to detect as early as possible the mentally retarded child, 2) to help parents gain a more realistic understanding of the child so that the child's capacities can be realized, 3) to begin to plan with the parents a future program for the child, and 4) to bring the educational system into the picture before the child is of school age so that the clinic, parent, and school can be made more aware of each other's problems. The author discusses a situation where neither the school nor the psychologist examining the child gave any concrete help to the mother seeking assistance; facts were made known but no solution given to resolve the mother's conflict, or to help her face her problem realistically.

MENTAL DEFECTIVES--SPECIAL EDUCATION

See 258.

MENTAL DEFECTIVES--SPECIAL EDUCATION--KANSAS

299. Kansas. Division of Special Education

Special classes for educable mentally retarded children in Kansas. Topeka, The Division, 1951. 12 p. (Special education series no. 3, series of 1951)

This bulletin was written for the purpose of answering the many questions arising concerning the establishment of special classes for mentally retarded children in Kansas. It defines the mentally retarded child, shows how he may be identified, why special classes are necessary and how they are established under Kansas law. Pointed out are precautions to be used in the establishment of classes, qualifications for teachers, equipment and supplies needed, and how a school program for the retarded may be evaluated. The Division of Special Education offers consultative help when needed and requested; also offers, in conclusion, a bibliography of helpful reading material for parents and teachers of the mentally retarded.

Distributed by the State Department of Education, Topeka, Kansas.

MENTAL HYGIENE

300. Baty, James Marvin

Emotional factors in childhood diseases. New Orleans Med. and Surgical J. Feb., 1952. 104:8:297-301.

"The purpose of this discussion is to point out to 'family physicians' and others interested in the care of children the importance of the emotions and the intellect in relation to illness and to describe a method of

MENTAL HYGIENE (Continued)

evaluating this relationship and the necessity of considering these factors in the treatment of acute and chronic diseases. It is not intended to discuss children with recognized, gross disorders of behavior or established psychotic disturbances...." A program in effect at Boston Floating Hospital (teaching hospital of the Dept. of Pediatrics, Tufts College Medical School) is described; a team consisting of a psychiatrist, psychiatrically trained social worker, a nursery school teacher and psychologist provide an intellectual and emotional evaluation of patients. Two case histories are cited.

301. Miers, Earl Schenck

Why help them walk? Penn. Handicapped, Penn. Society for Crippled Children and Adults. Jan., 1952. 25:1:2,5.

The author, from his own experiences with cerebral palsy, explains "some of the emotional and intellectual involvements that come with living with a physical handicap." Merely helping the child to learn to walk, by providing treatment and the necessary braces and crutches, is not enough; giving of one's time and strength to teach the child his personal worth and that his problems are the same as those of non-handicapped children is of even more importance.

MUSCULAR ATROPHY

See 351.

MUSCULAR DYSTROPHY

302. Rubin, Ira L.

The heart in progressive muscular dystrophy, by Ira L. Rubin and Abraham S. Buchberg. Am. Heart J. Feb., 1952. 43:2:161-169.

Reviewing historical literature on muscular dystrophy, the authors then take up in detail two cases from the records of patients with progressive muscular dystrophy treated at the Montefiore Hospital, New York, from 1909 to 1950. Clinical and electrocardiographic abnormalities are discussed, and in summary, the authors find the cardiac muscle involved in a high percentage of cases, although clinically the majority show no heart disease. Some have congestive heart failure, while others have rhythmias and tachycardias. Five out of seventeen showed short P-R intervals electrocardiographically, and in two cases abnormal Q waves were shown.

303. Weisenfeld, Shirley

Cardiac involvement in progressive muscular dystrophy, by Shirley Weisenfeld and William J. Messinger. Am. Heart J. Feb., 1952. 43:2:170-187.

Forty-four patients with muscular dystrophy were studied while in Goldwater Memorial Hospital, New York City, to determine whether dystrophic changes similar to those found in skeletal muscle might have occurred in the cardiac musculature. Clinical summaries are given for all cases and conclusions of the authors are: 1) no relationship between the duration and severity of skeletal muscular lesions and those of the heart were noted, 2) the similarity of cardiac and skeletal muscle lesions was noteworthy in all cases, 3) variations in the electrocardiogram suggestive of abnormality were frequent, and 4) in patients on whom the diagnosis of progressive muscular dystrophy (pseudohypertrophic or otherwise) has been made, the etiological diagnosis of "possible dystrophic heart disease" must always be considered.

MUSIC

304. Weir, Mary

Music in a curriculum for the blind. Int. J. Education of the Blind. Feb., 1952. 1:3:49-51.

The author, a teacher of music theory and piano at the New York

MUSIC (Continued)

Institute for the Education of the Blind, discusses the place of music in the curriculum and the relative importance of applied and theoretical music courses. While the program may seem extensive to the layman, the value of music as a pursuit for the blind has been abundantly demonstrated.

MUSIC THERAPY

305. Browne, Hermina Eisele

The use of music as a therapy. Mental Hygiene. Jan., 1952. 36:1:90-103.

The author, director of the music therapy department of the New Jersey State Hospital at Marlboro, New Jersey, describes the use of music in treating mental patients. Individual instruction, ward programs, choral singing, concerts, operettas, rhythm band, orchestra, music appreciation and study groups--all have their value in helping the mentally disturbed to adjust. Types of music used successfully with various mental disorders are described.

NURSERY SCHOOLS

See 271.

NURSING

See 352.

NURSING EQUIPMENT

306. Scott, Ruth Boyer

Spare your back with the Invalift. Nursing World. Feb., 1952. 126:2:71-72.

The versatility of a new electrical lifting device, recently demonstrated in San Francisco at the ANA biennial, is pictured and described.

NUTRITION

See 269.

OCCUPATIONAL THERAPY

307. U. S. Army

Occupational therapy. Washington, D. C., Govt. Print. Off., 1951. 77 p. illus. (Department of the Army Technical Manual TM 8-291)

Outlining the basic procedures, principles, and special programs of occupational therapy which relate to the Army Medical service, this manual emphasizes the functional, psychiatric, remedial and selected types of therapy for the physically disabled, the amputee (of either upper or lower extremity), the tuberculous patient and the patient with neuropsychiatric disorders. Included are brief outlines of the duties of occupational therapy personnel and the organization of occupational therapy as a section of physical medicine service.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 25¢ a copy.

OLD AGE--EMPLOYMENT

308. Odell, Charles E.

Employment problems of older workers. J. Rehabilitation. Jan.-Feb., 1952. 18:1:3-6, 26-27.

"Of increasing interest to rehabilitation workers is the problem here brought under discussion as viewed by the U. S. Department of Labor, Bureau of Employment Security, in which agency the writer is chief of the Counseling, Selective Placement, and Training Division. His article combines reports on research, problem analysis recommendations."

OLD AGE--MEDICAL TREATMENT

309. Dobrin, Leo

Rehabilitation in institutional geriatrics: a preliminary report. New York State J. Medicine. Jan., 1952. 52:1:81-85. Reprint.

OLD AGE--MEDICAL TREATMENT (Continued)

"The application of the principles and technics of rehabilitation to a group of 67 men and women averaging 76.6 years of age, residents of a modern home for the aged, has been described. These methods make possible the restoration to normal activity of elderly individuals suffering from the results of cerebrovascular accidents, of various types of arthritis, of ununited hip fractures, of amputations, and of a variety of life-long disabilities...."-Summary. Case histories are presented from the Department of Physical Medicine and Rehabilitation of the Home for Aged and Infirm Hebrews, the largest privately supported institution for the aged in the world. Located in New York, it has borrowed as many as possible of the procedures and technics used at the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center.

310. Gold, Jacob G.

Occupational therapy and physical therapy leading to rehabilitation. Am. J. Occupational Therapy. Jan.-Feb., 1952. 6:1:20-23, 49-50.

By involving the older person in purposeful activity, physical and occupational therapy can relieve physical pain and reactivate the aging person. The author, executive director of the Orthodox Jewish Home for the Aged, Chicago, speaks of a pattern for rehabilitation in institutions, mainly, but many of his suggestions can be applied to the aged or chronically ill who are cared for in private homes. Occupational therapy is not used for the sole purpose of producing things of beauty but for the benefit, physical and mental, to be derived.

311. Kemp, Robert

Social and personal difficulties in the rehabilitation of old people. Physiotherapy. Feb., 1952. 38:2:29-33.

Difficulties met with in rehabilitating older persons admitted to the hospital are discussed by the writer who stresses that the social aspects must be resolved. Physiotherapy should be mainly of encouragement and re-education and not considered a permanent need for such patients. Three phases are proposed: 1) ambulation, 2) exploration of every possibility for discharge, and 3) disposition of those older persons having no friends or relatives. A "foster" home plan, similar to that used with children, is recommended.

312. Krusen, Frank H.

Physical medicine and rehabilitation for the handicapped worker over forty; a retrospect. Archives Physical Medicine. Feb., 1952. 33:2:93-99.

Urging an increase in the number of rehabilitation centers, the article reviews the beginnings of physical medicine and rehabilitation, points out the nature and magnitude of the problem, medical aspects, psychosocial problems, and economic implications of the rehabilitation of the disabled over forty.

OSTEOCHONDRITIS

313. Herndon, Charles H.

Legg-Perthes disease; an evaluation of treatment by traction and ischial weight-bearing brace, by Charles H. Herndon and Clarence H. Heyman. J. Bone and Joint Surgery. Jan., 1952. 34-A:1:25-46. Reprint.

Forty-one hips with Legg-Perthes disease have been studied clinically and roentgenographically after an average follow-up period of 7.4 years. All were treated uniformly by traction until there was a turning point toward regeneration, and after that with a nonweight-bearing traction brace until regeneration was well advanced. In determining the roentgenographic end-result rating of these cases an objective method of estimation and recording was used, in which various components of the deformity were reduced to a measurable basis. The authors do not necessarily advocate the method of treatment employed in this series, but have attempted to show as accurately as possible what may be expected when this method of treatment is used. It is hoped that

OSTEOCHONDRITIS (Continued)

accurate comparison of different methods of treatment will be made by objective techniques of evaluation."-Summary.

OSTEOMYELITIS

314. Blanche, Donald W.

Osteomyelitis in infants. J. Bone and Joint Surgery. Jan., 1952. 34-A: 1:71-85, 95.

"...The purpose of this paper is to point out the shift in age incidence of acute hematogenous osteomyelitis to the younger group, to discuss the problems of early diagnosis, to call attention to the crippling deformities which occur in infancy, and to try to determine what changes in present methods of treatment will diminish this disability...." In a sixteen year period, from 1934 to 1950, thirty-five infants under the age of one year were treated for this disease at the Children's Hospital in Los Angeles; only the twenty-five cases for which a bacteriological diagnosis was made are considered in this report. Discussed are age incidence, symptoms, number and location of foci, bacteriological data, specific therapy, and results. Data on all cases is presented in tabular form; four case histories are given.

PARALYSIS AGITANS

315. Garland, Hugh G.

Refresher course for general practitioners: Parkinsonism. Brit. Med. J. Jan. 19, 1952. 4750:153-155.

A review of the etiology, signs and symptoms, prognosis, medical treatment and the value of surgery in treating Parkinsonism. Physiotherapy is considered as important as medication, while psychological aspects of treatment have to be left largely in the hands of the family. Every encouragement should be given the patient to remain active, at work, and caring for himself as long as is physically possible.

PARAPLEGIA--BIBLIOGRAPHY

316. U. S. Veterans Administration

Paraplegia, a classified bibliography of references in English, 1940-1951. Washington, D. C., Veterans Administration, 1951. 21 p.

This bibliography, covering the literature in the field of paraplegia for the past eleven years, is classified under various subjects such as: historical and statistical data, general, causes and complications, decubitus ulcer, genito-urinary, neurological and surgical, nutritional, orthopedic, psychological aspects, recreation for paraplegics, and rehabilitation.

Available from Library Service, U. S. Veterans Administration, Washington 25, D. C.

PARENT EDUCATION

317. Laycock, S. R.

Helping parents to accept their exceptional children. Exceptional Children. Feb., 1952. 18:5:129-132, 160.

The teacher of the exceptional child--be he gifted, mentally retarded or handicapped physically--can help parents to realize the potentialities of their child, to accept him realistically as he is, can set up standards and goals consistent with the child's abilities and show parents that the objectives of education can be met for all children, but often by different methods. Joint planning by teachers, parents, and community agencies helps to relieve tensions, brings encouragement and support.

318. Matheny, Mary Marguerite

Prepare your child. Crippled Child. Feb., 1952. 29:5:8-10, 28.

Parents can cooperate in many ways with residential training schools for handicapped children by preparing the child to accept the school environment.

PARENT EDUCATION (Continued)

Given here are some of the do's and don'ts for parents to heed if their child is to make a successful transition from home life to that of group living.

PHYSICAL EDUCATION

See 257.

PHYSICAL EFFICIENCY

319. Hoberman, Morton

Daily activity testing in physical therapy and rehabilitation, by Morton Hoberman, Erbert F. Cicienia and George R. Stephenson. Archives Physical Medicine. Feb., 1952. 33:2:99-108.

"...The following discussion concerns a test generally used in the Physical Rehabilitation Section of the New York State Rehabilitation Hospital, West Haverstraw, New York, a description of its purpose, development, administration and the use of results...." Validation and norms of the test are still in the exploratory stage and, the authors state, will be published in a future paper.

PHYSICAL MEDICINE

See 353.

POLIOMYELITIS--MENTAL HYGIENE

320. Seidenfeld, Morton A.

Problems in psychological research in poliomyelitis. Acta Psychologica. 1951-2. 8:3:194-200. Reprint.

The author considers some of the limitations in the knowledge of psychological aspects of poliomyelitis and suggests that research into the source, methods of prevention, and treatment of psychic residua be made. Problems of the respirator patient, the patient with paralytic residuals, and those patients who are not left paralyzed are discussed in the light of psychic elements.

POLIOMYELITIS--PHYSICAL THERAPY

321. Mead, Sedgwick

Prescription of physical therapy in poliomyelitis. J. Missouri State Med. Assn. Mar., 1952. 49:3:215-218.

The author briefly reviews the four chronological phases of poliomyelitis with respect to physical treatment, stressing a knowledge of pathologic anatomy and physiology, and realistic treatment goals. Using a hypothetical case to illustrate each phase, he has supplied prescription of treatment. The three main requirements for intelligent physical treatment, as he states them, are: "1) an understanding of the pathologic process and of the physiologic effects of physical agents, 2) competent technical personnel, and 3) adequate equipment, which may be modest and frequently improvised."

This is one of several articles in this issue that comprise a Symposium on Poliomyelitis.

PSYCHOLOGY

322. Caldwell, Bettye McDonald

Factors influencing psychologic reactions to crippling disorders. J. Missouri Med. Assn. Mar., 1952. 49:3:219-222.

"... If there is any conclusion to be drawn from this review of some of the pertinent variables influencing an individual's reaction to physical handicap, it might be that uniformity of reaction is not to be expected. Implicit in this concept is a plea to avoid generalizations about the type of relationship which is presumed to exist. In order to be effective, guidance efforts should be based upon the unique, idiosyncratic picture presented by each child with his own pattern of attitudes, values, and response tendencies. Only through an approach such as this can a truly productive mental hygiene be developed which will facilitate optimal personal growth for each handicapped individual."

REHABILITATION

323. O'Reilly, D. Elliot

Rehabilitation in the general hospital. Am. J. Occupational Therapy. Jan.-Feb., 1952. 6:1:4-8.

In discussing the philosophy of rehabilitation, the writer feels that a rehabilitation program should be an integral part of every general hospital, that it should begin with the admission of the patient to the hospital and should be "...coordinated and dynamic...." The values of such a program are many--restoring a person to his place in society, to independence and security. Purposes of the program and types of handicaps best treated are covered.

REHABILITATION CENTERS--NEW JERSEY

324. Stattel, Florence M.

Occupational therapy--Kessler Institute. Am. J. Occupational Therapy. Jan.-Feb., 1952. 6:1:29-30, 50.

A sketch of Kessler Institute for Rehabilitation in West Orange, New Jersey, and in particular, its occupational therapy department. Described are types of patients treated, how they are referred for admission, the physical setup of the department, and how each department of the Institute works as a member of the rehabilitation team, adapting his part of the treatment to the total program. In addition to rehabilitation work, the Institute carries on an educational program, training volunteers, publishing a manual of newly designed treatment equipment, and providing clinical training for students of occupational therapy.

REHABILITATION--PUERTO RICO

325. Puerto Rico. State Insurance Fund

Proceedings of the First Institute on Rehabilitation Problems in Puerto Rico. San Juan, Puerto Rico, School of Tropical Medicine, 1950. 157 p.

Discussed at the opening session of the Institute were the rehabilitation of crippled children, the tuberculous patient, the psychiatric patient, the veteran and the injured worker, as well as the development of the program and the place of the University of Puerto Rico in training technicians for rehabilitation work in the Island. Authorities in rehabilitation in the United States and the subjects of their speeches were: The rehabilitation of the severely disabled, Dr. Henry H. Kessler.-Helping the disabled through vocational rehabilitation, Michael J. Shortley.-Employing the disabled, K. Vernon Banta. Physical therapy education: Concepts to meet the needs of tomorrow, Mildred Elson.-The education of occupational therapists, Eva M. Otto.-Education of the physically handicapped children in the United States, Romaine P. Mackie.-Victory over tuberculosis, Holland Hudson.-Mental health and rehabilitation, Dr. William G. Hollister.-The place of the rehabilitation center in general medicine, Dr. Donald A. Covalt.-Vocational rehabilitation of the disabled, H. B. Cummings.-Integration of public and voluntary programs for the handicapped, Eugene Taylor.

Available from the Department of Physical Medicine and Rehabilitation, State Insurance Fund, San Juan, P.R.

RELIGION

326. Jenks, William F.

Religious instruction for the convalescent child. Hospital Progress. Feb., 1952. 33:2:56-57.

Special education for the hospitalized child should include religious instruction, the author feels. He describes the training course instituted by the Catholic University in Washington, D. C., for teaching Nuns and Brothers who will later teach sight conservation classes, classes for the slow-learning, for the convalescent child in the hospital school, and for other types of handicapped children. Special problems of the hospital-school are considered. A workshop on special education of the exceptional child will be conducted at

RELIGION (Continued)

Catholic University of America, under the direction of the author, from June 13-24.

RH FACTOR

327. Vaughan, Victor C., III

Treatment of erythroblastosis fetalis. Am. J. Nursing. Mar., 1952. 52:3:320-322.

Clinical, therapeutic, and nursing considerations of erythroblastosis fetalis are discussed. Most Rh mothers bear healthy babies, the author states, and the nurse can do much to allay the fears of such mothers.

SCHOOL BUILDINGS

328. Mackie, Romaine

School housing for the crippled child. Crippled Child. Feb., 1952. 29:5:22-23, 28-29.

To meet the needs of handicapped children in school, special facilities are necessary; the author recommends features to be incorporated in day schools where such children are enrolled. Since no single pattern can be followed in all communities, suggestions which can be adapted to the community's needs and resources are outlined. Included is a description of the building provided for crippled children in the Austin Public Schools, Austin, Texas.

SCOLIOSIS

329. Kleinberg, Samuel

Scoliosis complicated by paraplegia, by Samuel Kleinberg and Abraham Kaplan. J. Bone and Joint Surgery. Jan., 1952. 34-A:1:162-167.

A case report, believed by the authors to be the first of its kind, of scoliosis complicated by paraplegia in a man in the fifth decade of life. The scoliosis was a severe dorsal kyphoscoliosis with marked deviation and rotation deformity of the thoracic vertebrae. Since the patient's history was non-contributory and there was no evidence of recent increase in deformity, it was difficult to explain the unusually late onset of the paralysis. It was pointed out that as soon as signs of cord compression are present in a case of structural scoliosis, an adequate decompression laminectomy should be performed promptly.

SCOLIOSIS--MEDICAL TREATMENT

330. Arkin, Alvin, M.

Prophylaxis of scoliosis. J. Bone and Joint Surgery. Jan., 1952. 34-A:1:47-54.

The treatment of functional curvatures of the spine by tilting the pelvis by shoe and buttock lifts, thus preventing progression into structural scoliosis, is described. Lateral recumbency is also recommended though perhaps not essential if the curve is well corrected by the pelvic tilt. "... Equally interesting is the possibility that similar methods may prove useful in correcting the actual wedged vertebrae of structural scoliosis by what may be called 'piezo-equalization' of vertebral growth. Selected cases of this sort are now under treatment and will be reported in a later article...."

SHOULDER

331. Bassett, Robert C.

Painful states of the shoulder and arm; diagnosis and treatment, by Robert C. Bassett and Sylvester J. O'Connor. J. Michigan State Med. Soc. Jan., 1952. 51:1:55-61, 67.

"The most common causes of shoulder and arm pain are briefly presented with a discussion of their differential diagnoses and treatment. Fractures have not been discussed as they usually do not enter into the differential diagnosis of pain in the shoulder other than of the acute type."--Summary.

SHOULDER (Continued)
See also 262.

SPECIAL EDUCATION
See 326.

SPECIAL EDUCATION--SOUTH AFRICA
See 354.

SPECIAL EDUCATION--PROGRAMS

332. U. N. Educational, Scientific and Cultural Organization

The education of orthopaedically handicapped children. Report of the International Conference of Experts organized by the International Union for Child Welfare, with the help and under the auspices of UNESCO. Paris, UNESCO, 1952. 46 p. Mimeo.

A brief outline of the deliberations and discussions of the Conference held in Geneva in February 1950 which brought together 85 experts for 17 countries. The conclusions and recommendations of the various sections are reported.

Distributed by the International Union for Child Welfare, 16 Rue du Mt. Blanc, Geneva, Switzerland.

SPEECH CORRECTION

333. Nebraska. Department of Public Instruction

Special education: children with speech and hearing problems. Lincoln, The Department, 1951. 58 p.

In this bulletin prepared for nurses, guidance specialists, teachers, and parents "who wonder what to do with the young child still developing speech habits," general guides to speech development are given, along with specific speech drills for children who do not talk plainly. Sections on helping the child who stutters, the child with cleft palate speech, the hard of hearing child, and the child with cerebral palsy also give specific instructions for training but throughout the booklet it is stressed that speech training should always be guided by a qualified speech therapist. Extensive bibliographies for further study are included.

Available from the Nebraska Department of Public Instruction, State Capitol, Lincoln, Nebraska.

See also 355.

STRABISMUS

334.. Feldman, Jacob B.

Utilization of psychology and education in the management of the orthoptic patient. Eye, Ear, Nose and Throat Monthly. Feb., 1952. 31:2:89-95.

Since surgery solves the problem of strabismus more readily, ophthalmologists hesitate to institute orthoptic treatment as a regular procedure in such cases. Described here are the preliminary procedure in managing orthoptic cases, deviations observed after psychological examination, educational methods found useful in orthoptic treatment, and the psychology of the child with strabismus. In dealing with children with a squint, a knowledge of psychology is very helpful; many have personality maladjustments due to parents' attitudes or to tensions built up in the classroom. The author concludes, "Orthoptic treatment is not a substitute for operation. It is often a valuable aid even in surgical cases before and sometimes following operative intervention. Orthoptic treatment may, however, obviate the necessity for surgical procedure."

SPINE

335. Case, James T.

Congenital anomalies of the spine. Industrial Medicine and Surgery. Feb., 1952. 21:2:57-61.

SPINE (Continued)

"We have briefly discussed some of the anomalies occurring in the human spine. The list is not complete by any means....From the medicolegal standpoint it is important that these anomalies be recognized....The prime purpose of this communication is to urge the differentiation between serious pathologic states due to trauma and those which are secondary to congenital anomalies."--Summary.

SPORTS

336. American Association for Health, Physical Education and Recreation

Official aquatics, winter sports and outing activities guide, July 1951-July 1953, with official rules. Washington, D. C., The Assn., 1951. 127 p. illus.

Pp. 14-20: Aquatics for the disabled and handicapped, by Carroll L. Bryant.

An official guidebook to standards in athletics for women, containing articles by qualified experts in the fields of aquatics, winter sports, and outing activities. As a source of reference for information on literature in the fields of various sports, bibliographies are included as well as annotated lists of films. Membership of the legislative board, of various committees of the National Section on Women's Athletics, and state and city representatives are listed. This booklet is designed for the administrator, teacher, leader or participant in athletic programs for women.

Available from the National Section on Women's Athletics, 1201 Sixteenth St., N. W., Washington 6, D. C., at 50¢ a copy.

STATE SERVICES

See 284, 342.

STATE SOCIETIES--ILLINOIS

337. Moody, Charles H.

The Illinois Association for the Crippled. Public Aid in Illinois. Jan., 1952. 19:1:3-8.

In the same issue: Chicago Metropolitan, by Blanch Mulder.-The National Society for Crippled Children and Adults, Inc.

The work of the Illinois Association for the Crippled and its nineteen chapters, how they are organized and carry out direct-service programs, is discussed. Each chapter has provided a brief sketch of its accomplishments, with illustrations of services rendered. The National Society for Crippled Children and Adults, its facilities, and services are described in an article also included in this issue.

This issue is in honor of Carl K. Schmidt, Jr., who resigned his position of Executive Secretary of the Illinois Public Aid Commission to join the staff of the National Society for Crippled Children as Assistant Executive Director.

STATE SOCIETIES--NEW HAMPSHIRE--PROGRAMS

338. A little girl and two mountains. Crippled Child. Feb., 1952. 29:5:14-17, 30.

New Hampshire's program for handicapped children is helping the 1952 Easter Seal girl in her fight against cerebral palsy. This is Doris Desrosier's story and also the story of Crotched Mountain Rehabilitation Center, plus other information on state services provided either by the New Hampshire Society or the State Board of Education.

VETERANS (DISABLED)--EMPLOYMENT

339. Employment Security Rev. Feb., 1952. 19:2

Several articles pertaining to the disabled veteran are included in this issue. On p. 12, "Handicapped Get First Chance--Firms Honored for Hiring Disabled" tells of two of the 1951 winners of the American Legion National Award of Merit and why they were chosen. On p. 17, Colonel Michael L. Sheppeck, Executive Officer, Walter Reed Army Hospital, gives an account

VETERANS (DISABLED)--EMPLOYMENT (Continued)

of how the Employment Service cooperates with hospital authorities to facilitate the placement in jobs of hospital discharges. Herbert K. Schierenbeck, on p. 20, in "If Qualified They're Hired", describes the policies of the aircraft industries in California in regard to employment of the physically impaired and how successful such policies have been.

VOCATIONAL REHABILITATION

340. Bauman, Mary K.

Diagnostic procedures in rehabilitation of the blind. J. Rehabilitation. Jan.-Feb., 1952. 18:1:7-11.

A detailed study of the diagnostic procedures used in the rehabilitation of the blind was undertaken by a staff members' committee of Regions II and III of the Personnel Research Center, Philadelphia, in the hope that an impersonal, statistical analysis might reveal reasons for variation in speed with which cases were brought to a successful conclusion. Fifty cases were evaluated; results are tabulated under the major headings of: Physical Factors, Skills, Motive, Social and Economic Factors, Vocational Factors, and Adjustment. A tentative form for diagnostic analysis was drawn up by the committee and is available to any counselor or supervisor who is interested.

VOCATIONAL REHABILITATION--PROGRAMS

341. International Social Security Association. 10th General Meeting, Vienna, 1951.

Rehabilitation and assessment of benefit. Geneva, International Labour Office, 1951. 148 p. (Report IV)

Published also in Spanish under the title: Reeduccion profesional y tasas de prestaciones.

Vocational rehabilitation and the problem of fitting it into the social security scheme was the subject of a study undertaken by a Committee of Experts of the International Social Security Association. Monographs were submitted by twenty countries (exclusive of the United States) in answer to a questionnaire concerning existing rehabilitation facilities, trends in legislation and planning of rehabilitation policy.

Distribution by the International Labor Office, Geneva, Switzerland, at \$1.00, or 4 Swiss francs, a copy.

VOLUNTEER WORKERS

342. Langdon, Doris T.

The volunteer in the crippled children program. Connecticut Health Bul. Feb., 1952. 66:2:35-38.

In the program carried on by the Division of Crippled Children of the Connecticut State Department of Health, volunteers have worked in clinics, physical therapy and speech centers, supplementing professional staffs. Selection and training of volunteers is done locally and in addition to the help they give at the clinic, they can serve as effective public relations and health education workers in their own communities.

WALKING

343. Hoberman, Morton

Rehabilitation techniques with braces and crutches: IV. Methods of falling and of getting down and up from the floor, by Morton Hoberman and Erbert F. Cicienia. Am. J. Physical Medicine. Feb., 1952. 31:1:21-30.

"This installment outlines methods of falling and of getting down and up from the floor. Several methods will be described and reinforced by helpful illustrations, since as the more techniques achieved, the greater the ability to maneuver the body under all circumstances. The methods described are primarily for patients with complete or partial paralysis of the lower trunk and both lower extremities. However, with some ingenuity, these methods can be modified for those patients with more involved residual physical disabilities...." Previous installments have been annotated in the Bulletin on Current Literature.

WALKING (Continued)

344. Seligman, Alice

Causes and corrections of deviations in gait by the above-knee amputee. Physical Therapy Rev. March, 1952. 32:3:126-131.

An article dealing with causes and corrections of deviations in gait by the above-knee amputee. Training suggested should begin as soon as the prosthesis is delivered to the amputee if maximum benefits and use of prosthesis are expected. Some of the common causes of gait deviation are illustrated.

NEW BOOKS BRIEFLY NOTED

AMPUTATION--EQUIPMENT--RESEARCH

345. National Research Council. Committee on Artificial Limbs

Contractor's final report on artificial arm and leg research and development. Hawthorne, Calif., Northrop Aircraft, Inc., 1951. 334 p. illus.

"...This report is intended not only to describe the results of six years of Northrop research, but to stimulate research on the part of individuals or companies concerned with the development of prosthesis....Detailed descriptions of a multitude of prosthetic devices are given...."

Published by the Prosthetic and Sensory Aids Service, Department of Medicine and Surgery, Veterans Administration, 252 Seventh Ave., New York, N.Y.

FOUNDATIONS

346. Flexner, Abraham

Funds and foundations, their policies past and present, by Abraham Flexner with the collaboration of Esther S. Bailey. New York, Harper & Bros., c1952. 146 p. illus. \$2.75.

Evans Clark, Director of the Twentieth Century Fund, states, "Dr. Flexner has written a book that is important both as foundation history and as a critique of present policies...." Bringing an inside picture of the men and ideas that have controlled some of the leading philanthropic foundations now operating in America, the book analyzes the development, particularly, of the Rockefeller and Carnegie Boards and their forerunners, the Freedmen's Bureau and the Peabody Fund. While appraising their present-day potentialities, the author nonetheless is frankly critical of policies of recent years.

347. Fosdick, Raymond B.

The story of the Rockefeller Foundation. New York, Harper & Bros., c1952. 336 p. \$4.50.

The author who has served as trustee of all the philanthropic boards created by Mr. Rockefeller and who was president of the Rockefeller Foundation from 1936 to 1948, writes for the layman a record of the work, aims, plan of organization, and accomplishments of the Foundation. In his introduction, he explains the relationships between the various philanthropic trusts established by Mr. Rockefeller, how they were administered and how the varied activities were delegated. Beginning with the germination of the idea behind the Foundation, the author traces the early work in the control of hookworm, in public health, in the control of yellow fever and malaria, education in China, medical education in the United States and around the world. In the fields of natural sciences and social science the Foundation played a large part, also. "...It is a story of heroism, of disappointments, of a constant struggle to maintain ideals on the highest level. Those whose concern is with the promotion of human welfare anywhere will find it both inspirational and instructive."

GIRL SCOUTS--FINANCE

348. Girl Scouts

Finance manual for Girl Scout councils. New York, Girl Scouts, c1951. 97 p. "...The purpose of this manual is to provide Girl Scout finance committees, professional workers, and others with the basic information needed to carry out this function....This is a reference book....Part I gives a brief

GIRL SCOUTS--FINANCE (Continued)

picture of how the Girl Scout organization is financed--both locally and nationally. Part II summarizes the work of the finance committee and shows how the committee may be organized to carry out its job. Part III has seven sections, each of which describes in detail a particular aspect of the work. A job description for the finance chairman and treasurer is given in the Appendix. The material is geared for medium-sized and large councils because so many Girl Scout councils are increasing in size and the trend is consistently in this direction. The principles and standards are applicable to all...."--Foreword.

Available from Girl Scouts, 155 East 44th Street, New York 17, N.Y. at \$2.00 a copy.

INTERNATIONAL SOCIETY FOR THE WELFARE OF CRIPPLES--PROCEEDINGS--1951

349. International Society for the Welfare of Cripples

The disabled in the modern world. New York, The Society, 1951. 279 p. \$3.50, cloth; \$3.00, paper.

Proceedings of the Fifth World Congress, held at Stockholm, Sept. 9-14, 1951.

Subjects discussed at sessions of the Congress were: International action for the physically handicapped, by Dr. Harold Balme.-Medical views on prevention of disability.-Coordination of treatment and after-care.-Active co-operation of the disabled in work for the disabled.-The employment of the disabled. Sectional meetings were held on occupational therapy, artificial limbs and appliances, the social worker and the disabled, rehabilitation within industry, the treatment of paraplegics, the education of the crippled child, vocational testing and guidance, vocational training for the disabled, remedial gymnastics, technical aids for the disabled and measurement of physical disability. Miscellaneous material covered a list of persons attending the Congress, reports of committees, new constitution, list of officers elected, and an index of speakers.

MENTAL DEFECTIVES

350. Loewy, Herta

The retarded child; a guide for parents and teachers. New York, Philosophical Library, c1951. 160 p. \$3.75.

Published originally in England, this book presents the author's teaching methods in which she emphasizes the development of personality, self-control, self-confidence, and poise. Lessons in the form of games are used to teach letters, numbers, and reading. Through the use of stories and play, speech training is achieved, while music, mimicry, and dramatics afford an outlet for emotions which otherwise might lead to behavior difficulties.

MUSCULAR ATROPHY

351. Brandt, Sven

Werdnig-Hoffmann's infantile progressive muscular atrophy. Copenhagen, Ejnar Munksgaard, 1950. 328 p. illus.

"...The primary aim of the present work has been, through a critical analysis of the literature as well as of a material collected from Danish clinics, to elucidate the following question: Is Oppenheim's amyotonia congenita a well-characterized disease per se?...." In carrying out studies to answer the above question, the author collected a considerable amount of Danish material on cases of infantile progressive muscular atrophy, thus affording an opportunity to supplement the book with "...a detailed study of the symptomatology, course, pathology, heredity, and differential diagnosis of infantile progressive muscular atrophy. Finally the experiences gained...have contributed to our knowledge of the symptomatic hypotonia accompanying various other diseases of childhood...." The writer's material of 156 cases is reviewed.

MUSCULAR ATROPHY (Continued)

Translated from the Danish by Hans Andersen, M.D. Published by Ejnar Munksgaard, 6 Norregade, Copenhagen, Denmark.

NURSING

352. Morrissey, Alice B.

Rehabilitation nursing. New York. G. P. Putnam's Sons, c1951. 299 p. illus. \$5.00.

"...The book has a constructive point of view, for it emphasizes restoration rather than the factors that have occasioned the malaise or morbidity. It concentrates upon the nursing care of individuals with specific disabilities. It is eminently practical for it provides many illustrations, photographic and diagrammatic, which enhance the explanations of the text. It is written in simple terminology. The book is logically organized. It consists of three parts: Part I, The Meaning of Rehabilitation; Part II, Nursing Principles and Procedures in Rehabilitation; Part III, Nursing Practice in Rehabilitation....The Editorial Board of the Modern Nursing Series commends this volume to the reading public, particularly to practicing nurses and nurse educators, and to nursing students also...."--Editorial Introduction.

PHYSICAL MEDICINE

353. Krusen, Frank H., ed.

Physical medicine and rehabilitation for the clinician. Philadelphia, W. B. Saunders Co., 1951. 371 p. illus. \$6.50.

Developed from a series of lectures on physical medicine and rehabilitation prepared for the American College of Physicians, this textbook will be of value to the clinician, the physiatrist, the internist, the specialist in neurology and psychiatry, and the orthopedist. For the general physician, medical students, physical and occupational therapists, the book presents an authoritative and rational discussion of the clinical aspects of the subject. The book is divided into four major sections: 1) therapeutic applications of physical agents and procedures, 2) diagnostic applications of physical agents and procedures, 3) clinical aspects of physical medicine and rehabilitation and 4) fundamentals of anatomy, therapeutic exercises and physiology as related to physical medicine and rehabilitation. Various subjects covered are the writing of prescriptions in physical medicine, the use of heat, massage and exercise, training in correct posture, proper procedures for rest and relaxation, occupational therapy, uses of ultraviolet radiation, and experimental studies on microwaves and ultrasonic energy. Also discussed are electrodiagnosis, testing procedures in evaluation of pain, neurologic diagnosis, measurements of temperatures in the study of circulation. There are separate chapters on the treatment of such conditions as painful feet, hemiplegia, poliomyelitis, thoracic lesions, backache, rheumatoid conditions, spondylitis, arthritis, psychosomatic conditions, painful shoulder, asthma, cerebral palsy, paraplegia, and frostbite.

SPECIAL EDUCATION--SOUTH AFRICA

354. South Africa. Inter-Departmental Committee on Deviate Children.

Report of the Vol. II: Non-European children. Pretoria, Government Printer, 1950. 162 p. Mimeographed.

Compiled from data collected in a survey of non-European children between the ages of 3 and 19 years in the Union of South Africa, Volume II of the report covers those with defective vision, defects of hearing, speech defects, epileptics and cripples. Difficulty of obtaining accurate data on the native population makes the use of statistics for this group unreliable but they are presented nonetheless. Facilities for special education of each of the groups studied should be provided for in separate institutions, the Committee feels. Vol. I, which appeared in 1945,

SPECIAL EDUCATION--SOUTH AFRICA (Continued)

reported the survey findings among European Children.

Distributed by the Department of Education, Arts and Science, New Standard Bank Bldg., Pretoria, South Africa.

SPEECH CORRECTION

355. Parker, William R.

Pathology of speech. New York, Prentice-Hall, 1951. 321 p.

The primary aim of this textbook is to show the speech defective as a "whole person;" the therapist and pathologist should not ignore the possibility of a strong psychological problem"...more repressed and more subtle than in the case of severe blocks in stuttering...." The author outlines plans for diagnosis and therapy and covers both the organic and the functional disorders such as cleft palate, cerebral palsy, bulbar palsy, the deaf and hard of hearing, aphasia, delayed speech, articulatory disorders, and stuttering. Throughout the book, stress is laid on psychological aspects of speech therapy. The chapter on "Bibliotherapy" suggests helpful reading to foster self-understanding; counseling parents often is benefited by giving specific material to them concerning the child's problem. A case history outline is included.

